

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

JEFFREY M. GOLDMAN,

Plaintiff,

v.

SOL GOLDMAN INVESTMENTS LLC,
SOLIL MANAGEMENT, LLC, and JANE H.
GOLDMAN,

Defendants.

DOCKET NO.: 1:20-cv-6727-AJN

CIVIL ACTION

**AFFIRMATION OF JOSHUA S.
BAUCHNER, ESQ.**


I, Joshua S. Bauchner, Esq., affirm the following under penalty of perjury of the laws of the United States of America:

1. I am a partner at the law firm of Ansell Grimm & Aaron, P.C., which serves as counsel of record for Defendants Sol Goldman Investments LLC, Solil Management, LLC, and Jane H. Goldman.

2. A true and correct redacted copy of Plaintiff Jeffrey M. Goldman's ("Plaintiff") 2018 W-2 form is attached as **Exhibit A**.

3. A true and correct redacted copy of a document entitled "Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law" is attached as **Exhibit B**.

I affirm that all of the foregoing statements made by me are true and correct. I am aware that if any of the statements made by me are willfully false, I am subject to punishment.



Joshua S. Bauchner, Esq.

EXHIBIT A

2018 W-2 and EARNINGS SUMMARY



Employee Reference Copy		2018	
W-2 Wage and Tax Statement			
OMB No. 1545-0048			
d Control number		Dept	Corp
003841 CLIF/FIF			
Employer use only		127	
c Employer's name, address, and ZIP code			
SOLIL MANAGEMENT LLC 1185 SIXTH AVE 10TH FL NEW YORK NY 10036-2604			
Batch #02710			
e/f Employee's name, address, and ZIP code			
JEFFREY M. GOLDMAN 387 BURNET PL PARAMUS NJ 07652			
b Employer's FED ID number	a Employee's SSA number		
1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b DD		
	12c		
	12d		
15 State Employer's state ID no.	16 State wages, tips, etc.		
NY			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

Gross Pay	Social Security Tax Withheld Box 4 of W-2	NY State Income Tax Box 17 of W-2 SUI/SDI/FLI Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2	Medicare Tax Withheld Box 6 of W-2 Includes Addl Med	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Less 401(k) (D-Box 12)				
Less Other Cafe 125				
Less Transportation-Salary Reduction				
Wages Over Limit				
Reported W-2 Wages				

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

JEFFREY M. GOLDMAN
387 BURNET PL
PARAMUS NJ 07652

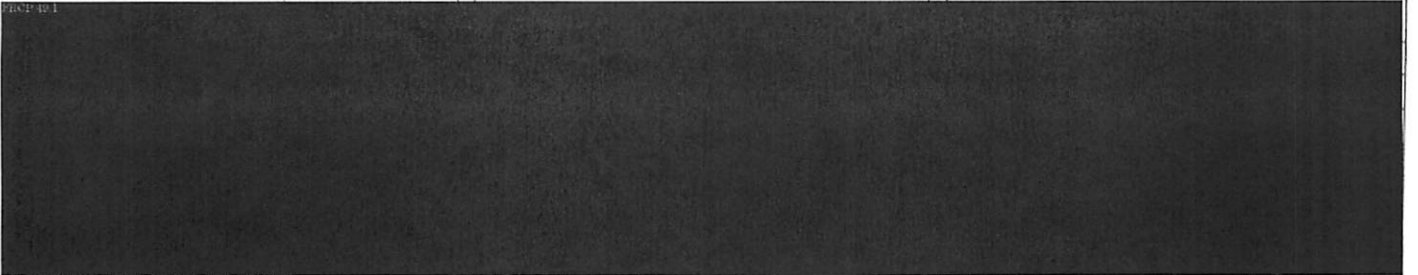
Social Security Number: [REDACTED]
Taxable Marital Status: MARRIED
Exemptions/Allowances:

FEDERAL: 0
STATE: 0

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Employer's name, address, and ZIP code	Employer's name, address, and ZIP code	Employer's name, address, and ZIP code
SOLIL MANAGEMENT LLC 1185 SIXTH AVE 10TH FL NEW YORK NY 10036-2604	SOLIL MANAGEMENT LLC 1185 SIXTH AVE 10TH FL NEW YORK NY 10036-2604	SOLIL MANAGEMENT LLC 1185 SIXTH AVE 10TH FL NEW YORK NY 10036-2604



Employee's name, address and ZIP code	Employee's name, address and ZIP code	Employee's name, address and ZIP code
JEFFREY M. GOLDMAN 387 BURNET PL PARAMUS NJ 07652	JEFFREY M. GOLDMAN 387 BURNET PL PARAMUS NJ 07652	JEFFREY M. GOLDMAN 387 BURNET PL PARAMUS NJ 07652



Federal Filing Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's Federal Income Tax Return.	NY State Reference Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.	NY State Filing Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.
2018	2018	2018
OMB No. 1545-0048	OMB No. 1545-0048	OMB No. 1545-0048

EXHIBIT B



Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Exempt Employees

1. Employer Information

Name:

Solil Management LLC

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

1185 Sixth Avenue
10th Floor

New York, New York 10036

Mailing Address:

1185 Sixth Avenue
10th Floor
New York, New York 10036

Phone: (212) 265-2280

2. Notice given:

- ☒ At hiring
☒ On or before February 1
☐ Before a change in pay rate(s),
allowances claimed, or payday

3. Employee's pay rate(s): State if pay is based
on an hourly, salary, day rate, piece rate, or
other basis. [REDACTED]

Employers may not pay a non-hourly rate to a
non-exempt employee in the Hospitality
Industry, except for commissioned salespeople.

4. Allowances taken:

- ☒ None
☐ Tips _____ per hour
☐ Meals _____ per meal
☐ Lodging _____
☐ Other _____

5. Regular payday: Thursday

6. Pay is:

- ☒ Weekly
☐ Bi-weekly
☐ Other: _____

7. Overtime Pay Rate:

Most workers in NYS must receive at least 1½
times their regular rate of pay for all hours
worked over 40 in a workweek, with few
exceptions. A limited number of employees
must only be paid overtime at 1½ times the
minimum wage rate, or not at all.

This employee is exempt from overtime under
the following exemption (optional): _____

8. Employee Acknowledgement:

On this day, I received notice of my pay rate,
overtime rate (if eligible), allowances, and
designated payday. I told my employer what
my primary language is.

Check one:

- ☐ I have been given this pay notice in English
because it is my primary language.
☐ My primary language is _____. I
have been given this pay notice in English only,
because the Department of Labor does not yet
offer a pay notice form in my primary language.

Print Employee Name

Employee Signature

Date

Vivian Orellana
Payroll Administrator

Preparer Name and Title

The employee must receive a signed copy of
this form. The employer must keep the original
for 6 years.